

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04-11	2. STATE Oregon
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905 of the Act		7. FEDERAL BUDGET IMPACT: a. FFY \$ -0- b. FFY \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 2.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 2.	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to update the language under Reimbursement Methodology for Rehabilitation Services Provided in Psychiatric Day Treatment Centers.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Lynn Read</i>		16. RETURN TO: Office of Medical Assistance Programs Department of Human Services 500 Summer Street NE, 3 rd Floor, E35 Salem, OR 97301 ATTN: Carole Van Eck	
13. TYPED NAME Lynn Read		14. TITLE: Administrator, OMAP Director, DHS	
15. DATE SUBMITTED: 7/9/04			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: JUL 14 2004		18. DATE APPROVED: SEP 23 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2004		20. SIGNATURE OF REGIONAL OFFICIAL: <i>LSI</i>	
21. TYPED NAME: Karen S. O'Connor		22. TITLE: Associate Regional Administrator	
23. REMARKS: Pastmark: 7/12/04 Division of Medicaid & Children's Health			

Reimbursement Methodology for Rehabilitation Services Provided in Psychiatric Day Treatment Centers

Payment will be made to private, non-profit treatment agencies using individually negotiated daily or hourly rates for each facility, negotiated by the appropriate office.

Nurse Midwives

Payment for services by nurse midwives and other licensed nurse practitioners will be at the same level as for physicians and independent clinical labs.

Rehabilitative School-Based Health Services

Payment will be based on a statewide fee schedule to reimburse 15-minutes units of service. Rates were established by comparison of reported provider costs and prevailing community rates from billings to OMAP. Rates do not exceed the prevailing statewide average or the average reported costs.

Behavior Rehabilitation Services

Payment for Behavior Rehabilitation Services is on a fee-for-service basis, with one day being the unit of service. Rates are set using a prospective staffing based rate model that uses data gathered by the State Department of Employment reporting the prevailing wages in the State of Oregon. Specific position classifications were selected to reflect the comparable staffing requirements needed to provide quality rehabilitation services to the identified population. A factor is used to compensate for employee benefits and facility operating costs and supplies. Board and room are not included in the Behavior Rehabilitation Service rate paid to the provider. These rates are periodically adjusted based on appropriate cost-of-living adjustments and other market indicators and program standards.

TN #04-11
Supersedes TN#98-04

Date Approved:

Effective Date: 7/1/04